## State of Maine Wokers' Compensation Board Release 3-FROI Event Table

## DRAFT 10/24/04 (please provide feedback if any)

The Event Table is designed to provide information integral for a sender to understand Maine's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. While this document currently addresses only FROI information, Maine will be adding additional SROI events in the future. Please see the Electronic Filing/EDI Rule for specific time frames. The Event Table is used to convey the level of EDI reporting currently accepted.

Report Type	Event Rule Date		Maintenance Type		What triggers the report?		When is the Report Due?		Follow-up	Receiver
	From	Thru	Code	Description	Trigger Criteria	Trigger Value	Value	From	Form	Receiver
FROI	1/1/05		00	Original	A - NEW CLAIM	Indemnity/Lost time claims or any other type of claims that have subsequent reports. Indemnity is defined as 1 day or more of lost time.	7 days	C-Date Employer Notified of Incapacity or prior to a subsequent being submitted for claims other than Indeminity/Lost Time.	Any injury forms	EE
FROI	1/1/05		01	Cancel	M- Cancellation initiated by administrator	Cancellation of Claim	n/a	H-Immediate	n/a	n/a
FROI	1/1/05		02	Change	M-Change initiated by administrator	Any change of FROI data elements initiated by the administrator	n/a	H-Immediate	I/A	Other *To be maintained by trading partner if I/A
FROI	1/1/05		СО	Correction	M-Correction	Correction of errors in response to TE acknowledgment	14 days	D-From Administrator Notification	I/A	Other *To be maintained by trading partner if I/A
FROI	1/1/05		AQ	Acquired Claim	M-Acquired Claim from another Claim Administrator	Indemnity/Lost time claims or Medical Only (with subsequent reports) that have been acquired and previously sent by another Claim Administrator	1 14 days	D-From Administrator Notification	n/a	n/a
FROI	1/1/05		AU	Acquired/Unallocated	M- Acquired Claim not previously reported to Jusridiction	Sent in response to a AQ that was rejected because of no claim match	14 days	E-From Jurisdiction Notification	n/a	n/a
FROI	1/1/05		UR	Upon Request	J-Jurisdiction Defined	Request by the Jurisdiction	7 days	E-From Jurisdiction Notification	Any injury forms	EE
	LEGEND		Trigger Criteria Codes  A = New Claim  B = Cumulative Medical \$ C = Lost Time  D = Cumulative Wage Replacement  E = Days Open F = Formula  J = Jurisdiction Defined  L = Determination of Compensable Death  M = MTC Defined  N = Cumulative Indemnity \$ Q = Employee Death		Report Due From Codes A = From Date of Accident/Injury B = From Date of Disability C = From Employer Notification D = From Administrator Notification E = From Jurisdiction Notification F = From Carrier Notification G = From Initial Payment (IP) H = Immediate J = From Report Trigger		Receiver Codes EE = Employee ER = Employer PR = Provider Others as defined by jurisdiction			